

COMMITTEE ON DENTAL AUXILIARIES

1428 HOWE AVENUE, SUITE 58, SACRAMENTO, CA 95825 TELEPHONE (916) 263-2595 FAX (916) 263-2709 www.comda.ca.gov



ANNOUNCEMENT

Pursuant to Section 1633.5 of the Dental Practice Act, Title 16 California, effective May, 1, 1976, successful completion of the National Board of Dental Examiners' written examination is required of all applicants prior to taking the clinical portions of the California examination. Confirmation of successful completion must be submitted to the Board and received in the Board 30 days prior to any examination.

The lower portion of this form may be used for requesting that your National Board report be sent to the Committee on Dental Auxiliaries.

Please cut on line

Send To: **Joint Commission on National Dental Examinations**

National Board Scores

211 East Chicago Avenue, 6th Floor

Chicago, Illinois 60611

Send \$25.00 money order with request to the National Board.

PLEASE PRINT OF	1111 L	
From: Name		
City, State, 2	Zip	
School Nam	<u>e</u>	
Year Gradua	nte <u>d</u>	
A copy of my Natio	nal Board report must be rece	ived by the California Committee on
Dental Auxiliaries n	o later than	, in order that I may participate
in the examination t	o be given on	
Signed:		Date:
Send report to:	Committee on Dental Auxi 1428 Howe Avenue, Suite	

Sacramento, CA 95825

Attention: Dental Hygiene Examination.